

Healthy Homes Program

City of Muskegon Community & Neighborhood Services

Application Checklist

- Complete Application
- Warranty deed, Quit Claim Deed or Land Contract
- Birth Certificates for all children 17 and under

For All Household Members 18+ Provide:

- Last 2 months of paystubs/income statements/letters
- Driver's Licenses or IDs
- Last 2 months of bank statements

City of Muskegon
Community & Neighborhood Services
933 Terrace Street
Muskegon, MI 49440
Phone: (231) 724-6717
Fax: (231) 726-2501
Email: CNSMail@shorelinecity.com

www.muskegon-mi.gov/community-and-neighborhood-services

WHO QUALIFIES?

Eligible homeowners in Muskegon County at or below 80% of Area Median Income (AMI) whose home has health hazards that effect quality of life. Priority is given to individuals with disabilities, seniors over 62, and households with children.

HOW MUCH ASSISTANCE IS PROVIDED?

After approval, the full cost of labor and materials to address priority hazards up to \$10,000 per home.

HOW IS ASSISTANCE PROVIDED?

A payment is made directly to the licensed contractor providing the service. A three-year non-diminishing lien will be placed on the property at project completion for services over \$3,000, the lien is forgiven after three years.

APPLICANT MUST...

- Submit a complete application with all attachments
- Be at or below 80% area median income
- Be the owner occupant of a qualifying single-family dwelling, or have a recorded land contract with written approval from the land contract holder
- Be up-to-date with property taxes
- Be located in Muskegon County

Healthy Homes Production Program Application

City of Muskegon –Community and Neighborhood Services



Applicant Name: _____

Address: _____

City/Township: _____ Phone Number: _____

Marital Status: _____ Email Address: _____

Suspected hazards (Check all that apply): Damp & Mold Excess Heat/Cold Structural Collapse

Falls/Trip Hazards Domestic Hygiene Carbon Monoxide Fire Hazards

Radon Disturbed Asbestos Security Bed Bugs/Cockroaches/Pests

Flames/Hot Surfaces Bath/Shower Safety Electrical Hazards Lead Paint/Dust

Please list all members of your household below:

Name	Relationship to Applicant	Age	Sex	Legally Disabled?	Race	Hispanic or Latino?
	Self					

Race Categories: (AI/AN) American Indian or Alaska Native (A) Asian (B) Black or African American
(N) Native Hawaiian or Pacific Islander (W) White (O) Other

Additional Information

Date of Ownership: _____

Are your Property Taxes Current? Yes No Are you in or have you filed for bankruptcy? Yes No

Was your home built before 1978? Yes No Do you have a reverse mortgage? Yes No

Have you been served a notice of foreclosure? Yes No Is your home in a floodplain? Yes No

Do the children in your home have Medicaid? Yes No N/A

Have you included all of the documents from the checklist on the reverse side? Yes No

(If no, your application cannot be processed until all documents are received)

By signing below you certify that the information provided is true and accurate. You authorize the City of Muskegon to request any additional information needed for verification. Failure to give complete and accurate information will disqualify your application and remove you from any waiting list where applicable.

Applicant Signature: _____ Date: _____

Please submit completed application and supporting documentation to: Community and Neighborhood Services

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